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ABSTRACT

Designed to help health center administrators and providers deliver health care services within the broad context of disease prevention, health promotion, and health education, this guide serves as a companion document to "Promoting Health and Preventing Disease: Objectives for the Nation" (ED 209 206). Its purpose is to help in program planning and to offer assessment guidelines for specific project needs. The guide is organized into five major sections: (1) Assessing Your Health Promotion and Disease Prevention Program: An Overview; (2) Preventive Health Services; (3) Health Protection; (4) Health Promotion; and (5) References. Each section, through a format consisting of one or two introductory paragraphs followed by clusters of questions grouped under subheadings, considers five areas: (1) needs assessment; (2) program linkages--offering suggestions for developing cooperative working arrangements with organizations having similar goals; (3) health promotion and education--focusing on ways of enabling patients to assume more responsibility for their own health care; (4) program evaluation; and (5) resources. (DG)

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ED251460

An Assessment Guide for BHCDA Projects

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service
Health Resources and Services Administration

HEALTH PROMOTION & DISEASE PREVENTION

U.S. DEPARTMENT OF EDUCATION
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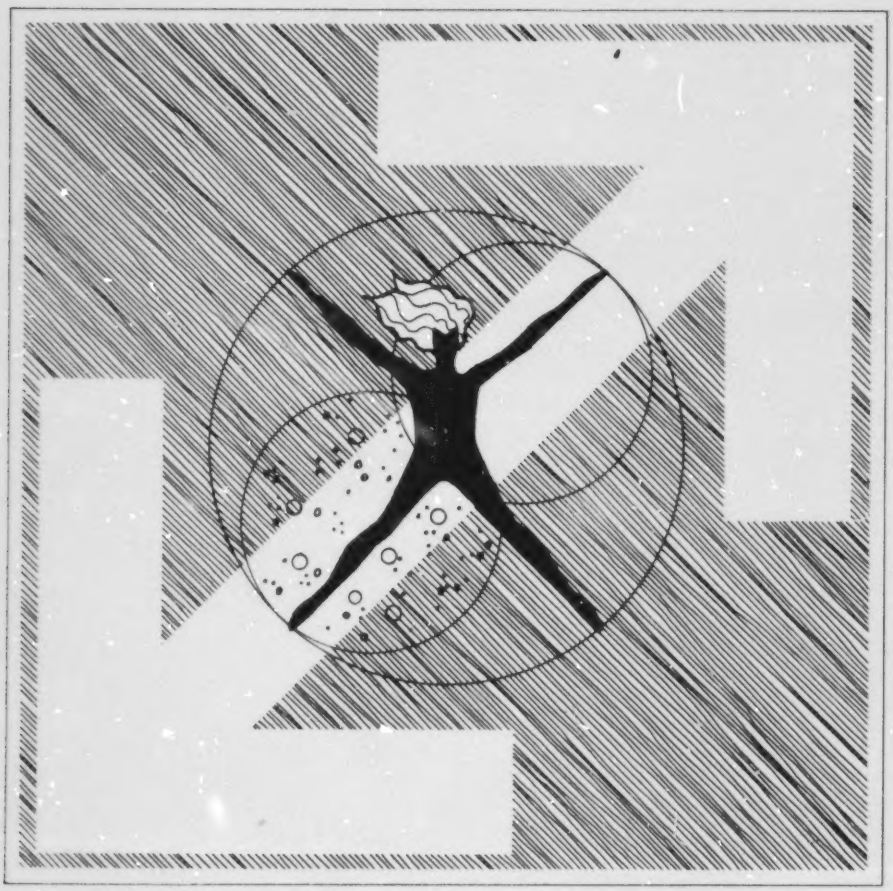

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Administrative Document

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An Assessment Guide for BHCDA Projects

September 1983

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service
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Bureau of Health Care Delivery and Assistance

Prepared by Medicus Systems Corporation under
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INTRODUCTION

BACKGROUND

The Surgeon General's Report on Health Promotion and Disease Prevention, Healthy People, was issued in 1979. This report noted that the impressive health gains in the United States over the past 80 years largely resulted from the development of preventive health measures--improvements in sanitation, housing, nutrition and immunization--as well as changes in personal lifestyles. Based on these findings, the Surgeon General's report established measurable health goals to be achieved by 1990 for the improvement of the health of Americans at the five major life stages. The report also identified 15 priority areas of activity to achieve these health goals.

Building on the framework of the Surgeon General's report, individuals and organizations from the public and private sectors worked together to develop specific, quantifiable objectives to be achieved in each of the 15 priority areas identified by the Surgeon General:

- preventive health services:
  - high blood pressure control,
  - family planning,
  - pregnancy and infant health,
  - immunizations, and
  - sexually transmitted diseases;

- health promotion:
  - smoking cessation,
  - appropriate use of alcohol and drugs,
  - nutrition,
  - physical fitness and exercise, and
  - control of stress and violent behavior; and

- health protection:
  - toxic agent control,
  - occupational safety and health,
  - accident prevention and injury control,
  - fluoridation and dental health, and
  - surveillance and control of infectious diseases.

These objectives, published by the Public Health Service in Promoting Health and Preventing Disease: Objectives for the Nation, can only be achieved through the sustained effort and commitment of community leaders, health care providers and individuals from both the public and private sectors.

This guidance, Health Promotion and Disease Prevention: An Assessment Guide, has been developed by the Bureau of Health Care Delivery and Assistance (BHCDA) to serve as a companion document to Promoting Health

and Preventing Disease: Objectives for the Nation. It is designed to help health center administrators and providers deliver health care services within the broad context of disease prevention, health promotion and health education, rather than within a purely medical framework. Its purpose is to encourage discussion, provide assistance in program planning and offer practical assessment guidelines which can be adapted and modified to meet specific project needs.

BHCDA-supported primary care projects have traditionally emphasized the concept of disease prevention through their clinical service programs, health education programs and screening and early detection programs. In keeping with this emphasis, projects are required to prepare simple outlines of preventive health care schedules and health promotion activities for pediatric, adolescent, adult and obstetric patients as part of their health care plans. Community health centers are also expected to develop and participate in community-wide health promotion and disease prevention activities in coordination with other community organizations.[1]

Despite a continued emphasis on preventive health care, many BHCDA projects have not yet fully developed integrated health promotion and disease prevention programs. To accomplish this, projects should:

- identify the health care needs of both their patient and service area populations;
- compare these identified needs to the range of services currently being provided in their service areas; and
- develop specific health promotion strategies and preventive health care activities which meet those needs which are not being adequately addressed in their communities.

Centers can begin their health promotion and education programs on a small scale. Initial activities might include holding staff meetings to assess health education needs, upgrading health education provided to individual clients, and offering health education materials in the waiting rooms. Based on feedback from consumers and providers, health education and health promotion components can then be expanded and incorporated into every aspect of center health service delivery.

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[1]See the Division of Primary Care Services Funding Criteria, revised January 1983, for a description of the health promotion and disease prevention funding criteria which apply to grantees funded under Sections 329 and 330 of the Public Health Service Act.

ORGANZATION

This guidance is organized into five major sections. Section I, Assessing Your Health Promotion and Disease Prevention Program: An Overview, is designed to help assess the overall level of health promotion, prevention and education efforts in a center. The next three sections and their subtopics--Preventive Health Services, Health Protection, and Health Promotion--correspond to the major areas identified in Promoting Health and Preventing Disease: Objectives for the Nation. The final section, References, lists general references to health promotion and disease prevention publications available through BHCDA.

Format

A question format has been used to help center staff assess their current activities and to provide program suggestions. The scope of the health promotion and/or disease prevention activities depends on staff resources, capabilities, and interest. Therefore, it is not expected that every question will be answered "yes". However, negative answers to the majority of the questions indicate a need to improve and emphasize the role of health promotion and disease prevention in the center's health care programs. If a center does not directly provide health promotion and disease prevention services to its service area population, it should have a referral and follow-up mechanism to ensure that patients receive the necessary services.

The Needs Assessment segment within each subtopic is designed to help center staff establish priorities among the 15 subtopics and possible program components. Sources of data useful in making informed decisions regarding community needs are presented. For example, state and local health departments, state and local health planning agencies, medical societies and public and private health agencies and associations can provide information on community health status and existing health promotion programs. Medical record reviews may indicate areas where health promotion efforts could improve medical outcomes. Periodic patient satisfaction surveys may identify other areas requiring preventive health education, as well as indicate staff's willingness and responsiveness to involving patients in decisions about their health care. Data elements helpful in assessing the level of need for health information and education are also suggested.

The Program Linkages segment within each subtopic is designed to assist center staff in developing cooperative working arrangements with organizations which have similar goals. The development of cooperative activities is especially important given the limited resources available to establish health promotion and disease prevention programs. Ideas and suggestions are presented for coordinating with other public and private health agencies and providers, such as local hospitals, physicians, local medical societies, local and regional voluntary agencies, schools, etc. Such activities could include early diagnosis and screening, community, provider and individual patient education, environmental surveillance, immunizations, outreach and worksite programs.

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The Health Promotion and Education segment within each subtopic suggests possible ways to increase the patients' role in their own health care. For example, centers should provide their patients with clear explanations of health care problems, tips for prevention, the risks and benefits of treatment procedures and medicines, and the risks associated with different lifestyle behaviors.

The Program Evaluation segment within each subtopic suggests evaluation criteria which can be used to assess program performance and accomplishments. The purpose of program evaluation is to determine whether a program or service should be continued, changed, or eliminated. This decision should be based on measures of program effectiveness (how well did the program meet its objectives?); and efficiency (were the results worth the time, money and effort expended?).

The Resources segment provides a listing of sources for additional program ideas and suggestions. The national resources listed will send, upon request, posters and education materials that can be used in the health center. They may also have guides on health education. The local resources may have materials and may conduct health promotion and disease prevention programs in the community. The active involvement of civic and community organizations can encourage health promotion and reach many more people than the center can alone.

SECTION I

ASSESSING YOUR HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM: AN OVERVIEW

Periodic assessment of your health center's health promotion and disease prevention program is necessary to ensure that these activities and services are appropriate, efficient, accessible and acceptable to members of the community your center serves. In addition, your assessment findings can support future program development by identifying additional community needs, determining which needs should be addressed first and designing the most appropriate mix of educational and organizational approaches to achieve your program objectives.

In general, program assessment consists of a systematic review of the structural, process and outcome measures of program performance. Structural measures take into consideration the personnel, materials and equipment which are used to carry out program activities. These measures may include the number and type of educational programs conducted, the appropriateness of the staff used, and the availability and accessibility of the programs offered. Process measures, in turn, consider the appropriateness and adequacy of the health promotion programs in addressing the causes and motivations of the behaviors to be changed. Examples of process measures of assessment include the number of persons in attendance at an educational program and the program's dropout rate.

Although structural and process measures are useful in assessing program performance, the most meaningful measure of program effectiveness is outcome. Outcome measures take into consideration the changes in knowledge, attitude, behavior and/or health status which result from a particular program or activity. Outcome assessment can be conducted in the short-term through the use of patient surveys or questionnaires which measure changes in knowledge or attitude. However, it is difficult to measure changes in behavior or health status because this form of assessment must be done over time, either through chart audit or through review of summarized patient data. Moreover, since changes in behavior and health status are subject to the influence of a number of variables, it is often difficult to attribute specific outcomes solely to the performance of a single program or activity. Despite these difficulties, outcome assessment is essential because it focuses on the desired "end result" or objective of a health promotion or disease prevention activity -- the maintenance of a person's health.

DATA COLLECTION

In order to conduct a meaningful assessment of your center's health promotion and disease prevention efforts, you must first collect baseline data which will identify: 1) local health risks, problems and concerns; and 2) the capabilities of existing health promotion and disease prevention services, including those of your health center, to address these needs.

These data may be obtained from a variety of sources, including state and local health departments; local health planning agencies; voluntary agencies, such as the American Heart Association and the American Cancer Society; and local colleges and universities. Information can be collected about risk factors for specific local populations, communicable diseases, immunization rates, maternal and infant morbidity and mortality, and mortality for the general population. Socioeconomic and demographic data would be helpful, as well as data on accidents. This information can be supplemented by the perceptions of health providers and local consumers regarding estimates of the expected level of participation in center programs and/or preferences for intervention strategies, educational methods, etc.

In addition to maintaining baseline data, records should be kept of the center's disease prevention and health promotion activities. These records should include descriptions of each activity, the population involved, the purpose and setting of each activity, and the various kinds of outcomes. Individual patient education activities conducted by health center providers as part of the clinical encounter should be recorded in patients' medical/health records. Provider and/or patient self-referrals to special educational activities should also be documented in patients' medical/health records. This documentation will help improve and refine program operations, help explain program outcomes and provide a basis for program evaluation.

ASSESSMENT CHECKLIST

You may wish to consider the list of questions presented below as part of an overall assessment of your center's health promotion and disease prevention efforts.

Program Design

1. Does your center have a health promotion and disease prevention plan? Is is based on community needs and program objectives?

2. Do you know whom to contact in your state and local health departments for information on level of need for preventive services? (States have preventive programs in most of the 15 priority areas[1] identified by the Surgeon General and many of these programs include local health department activities.)

3. Is your center's health promotion activity integrated into your total health program?

4. Do you involve consumers in the development of your total health promotion program?

5. Do health care plans for individual patients include health education activities?

6. If a team approach to medical care is used, how does the team address health promotion and disease prevention?

Program Linkages

1. Are you responsive to the health education and disease prevention needs of the community?

   - Are you aware of, or do you cooperate in, health and health-related events in the community?
   - Is there a health education curriculum in the schools?
   - Do you know of other organizations in your community that are concerned about health?

2. Do you coordinate your community outreach and education activities with state and local health departments in order to avoid duplication of effort?

3. Do you coordinate your health education and community outreach activities with existing health-related community organizations?

4. Are your health promotion efforts and those of other local organizations appropriate for specific audiences?

   - Is health education/instruction conducted in the native or primary language(s) of your patients?

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[1]See Healthy People, the Surgeon General's Report on Health Promotion and Disease Prevention, 1979.

- Are educational materials written in the languages and at the educational levels of the intended audiences?

- Do your programs take into account cultural attitudes that affect health behavior?

Patient Education

1. Do you explain to your service area population what services are available? How and when to use the center? What to do when the center is closed?

2. Are patient education activities geared to the comprehension levels, language and cultural characteristics of individual patients?

3. Are patient education and disease prevention efforts documented in each patient's chart?

4. Do your patient education programs teach self-care skills and encourage their use?

5. Do you routinely instruct your patients about their disease or condition either during the clinic visit or exit interview?

6. In cases where family support is essential, is a patient's family educated and counseled?

7. Are your patients routinely instructed on the proper use of medicines, their side effects and adverse reactions?

Staff

1. Are staff members who are responsible for the planning and development of your health promotion programs knowledgeable about intervention strategies, educational approaches and population characteristics?

2. After these programs are developed, are there designated staff members responsible for implementing and evaluating them?

3. Is there an office of health promotion/education in your facility? Is it a component of the administrative hierarchy, ensuring coordination of all programs?

4. Is your staff trained in patient education (group counseling, use of community resources, etc.)? If not, is assistance provided for staff who need additional training?

5. If outreach workers are used as community health educators, are they trained and supervised in health education?

6. Do you provide continuing education seminars on health promotion and disease prevention for your staff?

7. Do you know the extent and quality of the health education that staff offer to patients? Are you aware of any problems; if so, are you working to alleviate them?

Service Environment

1. Are health promotion and disease prevention programs and services a prominent part of your clinic environment?

2. Are "No Smoking" signs posted prominently?

3. Do you have appropriate health information available in waiting rooms and clinical areas?

4. If you have a vending machine, is it stocked with nutritious, non-cariogenic foods?

5. Are clinic services advertised:

   - through the media;
   - through written information distributed at different locations within the community; and/or
   - in the clinic facility?

6. Do your staff members demonstrate attitudes that show patients that they are willing to answer questions and share health care information?

Facilities and Resources

1. Do you have facilities for group health education during regular clinic hours, evenings and weekends?

2. Do you have a private counseling area for individual health education?

3. Does your center have audiovisual equipment for use in health education?

   - Is the equipment functional?
   - Is the staff trained in the use of this equipment?

- How often is it used?

4. Can routine information on the use of center services be given by the people who answer the telephones?

5. Are financial and other resources designated specifically for health promotion programs?

6. Do you have a display for health education materials which is readily accessible to patients and includes written information for distribution?

7. Are health education materials reviewed by staff before they are displayed to assure that they are appropriate and acceptable?

RESOURCES

National[1]

American Health Foundation
320 East 43rd Street
New York, NY 10017

Bureau of Health Care Delivery and Assistance*
Division of Primary Care Services
Room 7A-55
5600 Fishers Lane
Rockville, MD 20857

Center for Health Promotion and Education*
Centers for Disease Control
1600 Clifton Road, NE
Atlanta, GA 30333

Center for Health Promotion
American Hospital Association
840 North Shore Drive
Chicago, IL 60611

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[1]In some cases, fees may be charged for certain publications and for consultation/technical assistance services.

*Federal agency.

Community Health Connection
c/o National Association of Community
Health Centers, Inc.
1625 "I" Street, NW
Suite 420
Washington, DC 20006

Health Insurance Association of America
919 Third Avenue
New York, NY 10022

National Archives Trust Fund Board
National Audiovisual Center
Washington, DC 20409

National Center for Health Education*
211 Sutter Street (4th Floor)
San Francisco, CA 94108

National Health Information Clearinghouse
P.O. Box 1133
Washington, DC 20013
800-336-4797

Office of Disease Prevention and Health Promotion*
Public Health Service
300 7th Street, SW
Washington, DC 20201

Local

State Health Department

Local Health Department

Local Medical Society

Hospital Community Education Department

State and Local Health Planning Agencies

Local Chapters of Voluntary Organizations

Departments of Local Colleges and Universities (e.g., nursing, nutrition, home economics, etc.)

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*Federal or Federally-sponsored agency.

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Insurance Companies

Business Coalitions

Library

SECTION II

PREVENTIVE HEALTH SERVICES

HIGH BLOOD PRESSURE

INTRODUCTION

High blood pressure is a serious health problem which affects approximately 15 percent of the U.S. population. It is a prominent risk factor for heart disease and stroke and contributes to kidney and eye disease. Adequate control of high blood pressure (above 160/95) may involve various combinations of pharmaceutical interventions and changes in diet, exercise and stress management practices which must be adhered to over a lifetime.

Because high blood pressure is generally asymptomatic, persons are often unaware of their condition. With increasing emphasis placed on screening and early detection of high blood pressure, particularly among recognized high risk groups, the number of persons who are aware of their condition and are successfully controlling it has doubled over the last five years, while the number of persons who are unaware of their condition has sharply decreased. High risk groups include: persons with mild high blood pressure (90-104 mm Hg diastolic blood pressure without complications); persons with diastolic blood pressure over 104; blacks, elderly and other populations having a high prevalence; and persons with limited access to or use of medical care, such as young men and the poor.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- State Hypertension Programs
- Local Heart Association
- Center Medical/Health Records

B. Data Elements:

- Percentage of patient population at high risk identified through sociodemographic data, clinical findings, family history, etc.
- Incidence of hypertension, cardiovascular disease, stroke, and kidney failure among the population served
- Number and percent of center patients with an elevated blood pressure reading

Program Linkages

1. Has your staff identified or prepared an inventory of state, regional and local hypertension screening/education programs?
2. Does your center receive referrals of hypertension patients for evaluation and treatment from your State's hypertension education, screening, and referral program? (If not, you should contact your state health department to express your willingness to accept such referrals.)
3. Does your staff provide hypertension education to community groups such as churches, school systems, parent-teacher associations, and local aging programs?
4. Does your center coordinate its hypertensive screening and education activities with other local public and private health agencies, hospitals, and employee groups; e.g., participate in area health fairs, worksite screening campaigns, joint public service announcements?

Health Promotion and Education

1. Has your center established goals and objectives for its individual and group hypertensive screening, detection and treatment programs?
2. Does your center use applicable client education materials produced by the National High Blood Pressure Education Program?
3. Do all clients receive both oral and written information on reducing the risks for becoming hypertensive?
4. Are hypertensive clients routinely counseled on:
   - the asymptomatic nature of hypertension;

- the advantages and side effects of the prescribed treatment, of alternative treatments; and

- the lifestyle patterns (especially nutrition) which may help to control high blood pressure and reduce other cardiovascular risk factors?

5. Is counseling provided to families of patients with hypertension in order to assure that:

   - the household members who purchase and prepare food are informed of the patient's dietary needs; and

   - the lifestyle patterns believed to reduce risk are advocated for the children in the family?

Program Evaluation

1. Have monitoring systems been implemented at your center to assure that hypertensive patients and their families receive appropriate counseling and that hypertensive patients are appropriately followed up?

2. Are all hypertensive patients being promptly identified and treated? (Have blood pressure readings been taken on all patients either during the last visit or within the previous year? Have all patients with elevated blood pressure readings been followed up appropriately?)

3. Do center patients respond positively to screening, detection and treatment programs, as evidenced by a low missed appointment rate and acceptance of medication and lifestyle modifications by those diagnosed as hypertensive?

4. If your center conducts community-wide hypertensive screening and detection programs:

   - Have these programs been well attended?

   - Have these programs successfully identified persons at high risk?

   - Have these programs increased participants' awareness of multiple risk factors and the interaction of risk factors?

RESOURCES

National

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

National High Blood Pressure Education Program*
High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, MD 20205

Local

State Hypertension Program

Heart Association Chapter

Red Cross Chapter

Fire Department/Rescue Squads

Pharmaceutical Companies

Blue Cross/Blue Shield

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*Federal agency.

FAMILY PLANNING

INTRODUCTION

Family planning supports maternal and child health and the emotional and social well being of individuals and families. Pregnancies among young teenage girls, unmarried women, women over the age of 34 and high parity women are associated with higher than average rates of maternal and/or infant mortality and morbidity. Teenage pregnancies, in particular, are associated with markedly increased risks of premature and low birth weight infants. Unwanted pregnancies often impose long-lasting psychological and social costs on mothers and their children.

The purpose of family planning is to enable individuals to make their own decisions regarding reproduction and to implement their decisions. Family planning services are designed to prevent unplanned pregnancies and to overcome unwanted infertility.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- Local Hospitals and Health Centers
- Center Medical/Health Records

B. Data Elements:

- Age- and race-specific birth rates
- Percentage of service area population at high risk for:
  - unwanted pregnancies
  - maternal and/or infant morbidity and mortality
- Teenage fertility rate
- Age-specific maternal and infant mortality and morbidity rates

Program Linkages

1. Have you completed an assessment of the family planning services and programs available within your service area? Have you identified gaps and/or deficiencies in these services which your center can help to address through joint effort?

2. Does your staff provide educational sessions for community groups such as churches, schools, and youth service agencies?

3. Do you involve parents, adolescents, and community representatives in the planning of education programs for adolescents?

4. Do you share your needs assessment data, program strategies and educational materials with other local or regional agencies involved in family planning?

5. Have you participated in family planning educational programs sponsored by other public and private health and social service agencies in your community?

6. Do you serve as a source of technical information on reproduction, human sexuality and family planning for school health teachers, community nurses, and staff at community hospitals?

Health Promotion and Education

1. Has your center established specific goals and objectives for its family planning educational programs and services?

2. In identifying educational materials, are you sensitive to specific characteristics (e.g, age, sex, culture, reading levels) and values/attitudes of target groups and communities?

3. Do you receive mailings from the National Clearinghouse for Family Planning Information and request their free materials, catalogs, and bibliographies?

4. Do you provide a comfortable environment (including staff attitudes) in which effective family planning education can occur?

5. Are educational sessions available at accessible hours for populations with specific needs (after school, evenings)?

6. Do family planning clients receive information through counseling, educational materials, or group discussion on:

   - why family planning is important;

- basic reproductive anatomy and physiology;
- clinic services and procedures;
- sexually transmitted diseases;
- contraceptive methods/infertility services;
- emergency medical care (including care after rape); and
- reproductive health care?

7. Are males included in individual and group counseling and educational sessions? Does your program include partner involvement?

8. Are your staff members competent, both professionally and personally?

9. Does your center encourage and assist the media in educating the public, especially parents and young people, about the psychosocial and economic impact of and possible health problems associated with unwanted pregnancies?

Program Evaluation

1. Do your clients keep their scheduled appointments? Do they frequently complain about the services and/or staff? What is the dropout rate of group educational sessions?

2. Do your individual family planning clients demonstrate a clear understanding of the methods of contraception they have selected? Are they able to make an informed choice?

3. Do many family planning clients return to the health center because of ineffective contraceptive practices? Do they switch their methods of contraception frequently or are they satisfied with their present methods?

4. If your center conducts or participates in community-wide family planning educational programs:
   - Have these programs been well attended?
   - How many of the persons in attendance became family planning clients?
   - Were the participants in the educational activities those you planned to reach?

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- Were these programs found acceptable and accessible by the audience; the community?

RESOURCES

National

National Clearinghouse for Family Planning Information*
P.O. Box 2225
Rockville, MD 20852

National Family Planning and Reproductive Health
Association, Inc.
Suite 1210
1110 Vermont Ave, NW
Washington, DC 20005

Planned Parenthood Federation of America, Inc.
810 Seventh Avenue
New York, NY 10019

Local

State/Local Health Departments

Regional Family Planning Training Program (Call Regional
Office for telephone number and address)

Planned Parenthood or other Family Planning Agencies

Teen Health Clinics

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*Federally-sponsored agency.

PREGNANCY AND INFANT HEALTH

INTRODUCTION

Although the overall rate of low birth weight infants has been gradually improving since 1965, an excessive number of infants born in the U.S. are of less than optimal birth weight for survival and good health. Birth defects, which can lead to lifelong physical disabilities, are also a principal threat to infant health. Factors associated with women at risk of having low birth weight infants or other health problems include age (17 years and under or 35 years and over), minority status, high parity, previous unfavorable pregnancy outcome, low education level, low socioeconomic status, inter-pregnancy interval of less than six months, inadequate weight gain during pregnancy, poor nutrition, smoking and misuse of alcohol and drugs during pregnancy, and lack of prenatal care. Of particular concern are adolescents whose pregnancies often result in a high percentage of low birth weight infants and whose health problems have both social and psychological implications.

Early and continuous prenatal, birth and postnatal care can decrease a newborn's risk of death or handicapping illness. Preventive health services after the neonatal period can also decrease an infant's risk of infectious diseases, congenital anomalies, accidents and abuse.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- Local Hospitals
- Obstetrical/Pediatric Departments at Local Medical Schools
- Center Medical/Health Records

B. Data Elements: Pregnancy

- Percentage of pregnant women who do not receive prenatal care
- Proportion of pregnant women enrolling for prenatal care in each trimester

- Number and rates of maternal morbidity and mortality cases and their primary causes
- Proportion of population at high risk of low birth weight babies

Data Elements: Infant Health

- Age- and race-specific birth rates.
- Incidence of premature births and low birth weight infants by age and race
- Fetal, neonatal and postneonatal morbidity and mortality rates and their primary causes

Program Linkages: Pregnancy

1. Has your center identified the prenatal care services and educational programs available in the community? Has your center contacted these programs to suggest joint educational activities?
2. Does your center receive referrals for prenatal care services from other area providers, including family planning programs?
3. Does your prenatal care program provide or coordinate with specialized programs for teenage parents and pregnant adolescents?
4. Has your center developed appropriate linkages, including transportation, to regional centers for high risk expectant mothers?
5. Does your center offer Supplemental Food Program for Women, Infants and Children (WIC) services on-site or have a referral agreement with the WIC agency?

Program Linkages: Infant Health

1. Are you aware of and do you make referrals to community programs for high-risk parents and infants, such as Sudden Infant Death Syndrome (SIDS) counseling programs, Parents Anonymous, and mutual aid groups for families with handicapped children?
2. Does your center work with local day care programs and early stimulation programs?
3. Does your center participate in infant health promotion activities and media campaigns with other public and private agencies in the

area, including other health centers, hospitals, insurance companies, and the state and local health departments?

4. Have you developed appropriate linkages, including transportation, to regional centers for high-risk newborns? If so, are referrals to these agencies followed up?

5. Does your center offer WIC services on-site or have a referral agreement with the WIC agency?

Health Promotion and Education: Pregnancy

1. Do you have an outreach program to increase the proportion of women receiving prenatal care during the first trimester of pregnancy?

2. Do you have special programs for expectant teenage parents?

3. Do you have prenatal and childbirth education classes or a resource for referral?

4. Do you have arrangements with local hospitals for labor and delivery tours?

5. Do you have health education protocols for high-risk pregnancies?

6. Does your prenatal medical record include space to document education on:

   - family planning and genetic counseling;
   - prenatal care;
   - nutrition, exercise, and sexual activity during pregnancy;
   - use of tobacco, alcohol, and prescription and over-the-counter drugs;
   - breast-feeding;
   - childbirth preparation; and
   - timing of future pregnancies?

7. Has your center developed, or adopted for use, special educational materials emphasizing lifestyle risk factors (poor nutrition, smoking, use of alcohol and drugs)?

Health Promotion and Education: Infant Health

1. Does your center offer pamphlets and other educational materials on infant care and development?

2. Do you provide counseling to parents on:

   - mother and infant nutrition, including breast-feeding;
   - importance of immunizations;
   - infant safety, health, growth and development; and
   - parenting?

3. Do you have mechanisms for tracking infants and families with medical, congenital, psychological, social and/or environmental problems?

4. Do you provide outreach perinatal and infant care services for underserved populations, such as teenage mothers?

5. Are there postnatal educational home visits, especially for teen and first-time mothers, which are coordinated with or use local health resources (e.g., public health nurses)?

6. Do you provide counseling and support to parents whose infants are hospitalized after birth?

7. Do you conduct parenting education classes or have a resource for referral?

8. Do you provide educational information on infant safety, particularly the use of infant car seats?

Program Evaluation

1. Does your center have a high no-show rate for prenatal visits? Do you have adequate mechanisms for following up patients who miss appointments?

2. How early are your pregnant adolescent patients enrolling for prenatal care services? Has the proportion of women who initiate prenatal care during their first trimester of pregnancy increased over time?

3. Are all high risk pregnant women properly identified and treated or referred to specialized services? Are referrals followed up to assure that patients have kept their appointments?

4. Are all high risk infants properly identified and treated or referred to specialized services? Are these referrals followed up to assure that these infants have received treatment?

5. If your center sponsors or participates in community-wide health promotion activities for mothers and infants:

   - Are these programs well attended, particularly by high risk population groups?
   - Do the programs receive positive feedback from the intended audience?
   - Do these programs result in additional prenatal care and/or pediatric registrants?

6. What impact has your center's maternal and infant preventive health services had on:

   - the proportion of premature and low birth weight babies; and
   - maternal and infant morbidity and mortality within the target population?

RESOURCES

National

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, IL 60204

American College of Obstetricians and Gynecologists
Resource Center
Suite 30, East
600 Maryland Avenue, SW
Washington, DC 20024

Center for Education in Maternal and Child Health*
3520 Prospect Street, NW
Washington, DC 20007

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*Federally-sponsored agency.

Children's Bureau*
Room 2030
Donohoe Building
400 6th Street, SW
Washington, DC 20201

March of Dimes, Birth Defects Foundation
Public Health Education Department
1275 Mamaroneck Avenue
White Plains, NY 10605

Office of Maternal and Child Health*
Bureau of Health Care Delivery and Assistance
Health Resources and Services Administration
Room 6-05, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Local

Local Childbirth Education Association

Maternity and Infant Care Projects

Parent Groups (for new parents, adolescent parents, parents of handicapped children and single parents)

La Leche League

American Red Cross

Hospital Maternity Departments

State/Local Health Departments

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*Federal or Federally-sponsored agency.

IMMUNIZATIONS

INTRODUCTION

Active immunization of infants, children and adults who are at high risk for influenza and pneumococcus is one of the safest and most effective ways to prevent communicable and infectious diseases. Widespread use of vaccines has caused the eradication of smallpox and declines in the incidence of the seven major childhood infectious diseases -- diptheria, measles, mumps, pertussis, polio, rubella and tetnus. However, continuing efforts are needed to maintain these past successes since the cessation of vaccination would inevitably lead to the recurrence of annual epidemics.

Active immunization of infants, starting at six to eight weeks of age and continuing at recommended intervals, is considered the most effective prevention approach. This approach requires education of prenatal patients in the importance of immunization and enrollment of infants as soon as possible after birth for immunizations and other preventive care.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- Local Hospitals
- Local School Systems
- Center Medical/Health Records

B. Data Elements:

- Proportion of service area population at risk

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- Proportion of service area population immunized with DTP[1], TOPV[2], measles, rubella and mumps vaccines by age and socioeconomic status
- Immunization status of children in the service area population on entry to kindergarten or first grade
- Immunization status of preschool children in the service area population
- Percentage of children registered at the center who are fully immunized
- Incidence of communicable and infectious diseases for which vaccines exist; e.g., measles, mumps, etc.

Program Linkages

1. Has your staff contacted other state and local immunization programs, including local hospitals and voluntary agencies, to develop program linkages?
2. Does your center provide information on immunization to day care, preschool, school and parent groups, hospitalized postpartum patients, and senior citizen programs?
3. Have you established successful working relationships with schools, local health departments and private providers to assure prompt transfer of patient immunization records?
4. Does your center provide outreach and tracking for high-risk adults for influenza and pneumococcus immunization?
5. Does your center work with the local health department and local schools to design joint outreach and educational programs for high-risk population groups; e.g., low income, elderly, and minority populations?

Health Promotion and Education

1. At the time of the postpartum hospital visit, are new mothers given information on the complete schedule for infant immunization and an appointment for the first well-child visit?

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[1]Diptheria and Tetnus Toxoid with Pertussis vaccine.

[2]Trivalent Oral Polio Virus vaccine.

2. Are all women of child bearing age counseled on prevention of the fetal rubella syndrome, screened for rubella immunity, and offered immunization if immunity is lacking?

3. Are all patients and employees educated on adult immunization recommendations; i.e., tetanus-diptheria booster every 10 years, polio vaccine, and flu and pneumococcus vaccine annually for elderly and those with chronic diseases?

4. Are parents given copies of their children's immunization records?

5. Does your center utilize the media and community volunteers to provide immunization information to the population at risk?

6. Has your center developed an immunization tracking system to assure that an entire series of immunizations is administered?

7. Has a patient recall system been initiated to alert staff to overdue immunizations?

8. Is the immunization status of each child checked and updated at each visit?

Program Evaluation

1. Are all vaccines administered in accordance with standards jointly recommended by the Public Health Service and the American Academy of Pediatrics?

2. What percentage of child registrants have received their basic immunization series?

3. What percentage of the service area's high-risk population has received annual immunization against influenza; pneumococcal pneumonia? What percentage of the center's high risk patient population has received these immunizations?

4. What is the no-show rate for scheduled immunization visits? Have these patients been appropriately followed up?

5. Are pediatric charts audited for immunization status at least quarterly?

6. What is the incidence of communicable and infectious diseases, for which vaccines exist, among the center's service area population?

7. If your center sponsors or participates in a community-wide immunization effort:

   - Is this program successful in providing information and/or immunization services to the intended target population?
   - How many persons receive vaccinations as a result of this program?
   - What is the level of support for this program among public and private local providers?

RESOURCES

National

Center for Prevention Services*
Centers for Disease Control
Freeway Park Building
Room 302
1600 Clifton Road, NE
Atlanta, GA 30333

Center for Education in Maternal and Child Health*
3520 Prospect Street, NW
Washington, DC 20007

National Institute of Child Health and Human Development*
Office of Research Reporting
Room 2A-32, Building 31
National Institutes of Health
Bethesda, MD 20205

Local

State/Local Health Departments

Pharmacies

Local Hospitals

Local School Systems

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*Federal or Federally-sponsored agency.

SEXUALLY TRANSMITTED DISEASES

INTRODUCTION

Sexually transmitted diseases (STD's) are infectious diseases which are transferred almost exclusively during sexual contact. They include syphilis, gonorrhea, genital herpes and chlamydial infections. Other diseases in which sexual transmission plays an important, but not exclusive, role include hepatitis B, Group B streptococcus and cytomegalovirus (CMV) infections. The incidence of these diseases has been rising with more than ten million cases of STD's reported each year, predominantly among adolescents and young adults.

STD's cause significant human suffering and place enormous demands on the resources of medical care facilities. Many of these diseases can lead to severe health problems and serious complications, including pelvic inflammatory disease, infant pneumonia, infant death, birth defects and mental retardation. Pelvic inflamatory disease (PID) is the most common and serious complication of gonorrhea and chlamydial infections, resulting in numerous hospitalizations, ectopic pregnancies, surgeries and some deaths. More than 850,000 cases of PID are diagnosed and treated each year.

Newborn infants suffer the most from untreated STD's. Over half of the babies born with chlamydial infections develop eye infections and one-fifth develop pneumonia. Fifty percent of the newborns infected with genital herpes die, while half of the survivors suffer serious mental defects. Fifteen percent of the 45,000 infants affected by their mothers' CMV infections will be retarded, deaf or have visual defects. Group B streptococcus, a portion of which may be sexually transmitted, is estimated to cause symptomatic diseases in 12,000 infants under three months of age and to cause nearly 5,000 deaths annually.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- Centers for Disease Control

- Local Hospitals
- Center Medical/Health Records

B. Data Elements:

- Proportion of population served at risk for STD's
- Incidence and prevalence of STD's in the service area population
- Percentage of infant deaths attributable to STD's

Program Linkages

1. Is your staff aware of STD diagnostic and treatment programs and services available in your service area?

2. Does your center provide information and education on STD's for concerned groups -- schools, parents, etc.?

3. Do you actively work within the community to assure that the availability of your STD diagnostic and treatment services are well known to both community residents and area providers?

4. Do you work with your local health department's STD program?

5. Has your center developed cooperative arrangements with related programs, such as family planning centers and maternal and child health programs, to facilitate the provision of education, diagnosis and treatment services?

Health Promotion and Education

1. Is your staff aware of all forms of STD's, population groups at high risk and the latest treatment protocols? Are they prepared to deal with STD's in a confidential, non-judgmental manner?

2. Are all patients who are diagnosed as having a sexually transmitted disease counseled, as appropriate, on:

   - symptoms, signs, and outcomes of other STD's which may be present but not yet identifiable;
   - the necessity of tracing the partner(s) and any other sexual contact(s) the partner(s) may have had;
   - the potential effects of STD's during pregnancy; and

- the need to schedule follow-up visits?

3. Are you prepared to educate the community on all aspects of all common STD's, including:

   - syphilis;
   - venereal warts;
   - gonorrhea;
   - herpes genitalis;
   - trichomonas;
   - non-gonococcal urethritis;
   - pediculus pubis; and
   - chlamydial infections.

4. Are brochures on STD's available in your waiting room?

5. Do all pregnant women have endocervical cultures for gonorrhea and serologic tests for syphilis taken as part of their prenatal care at the time of the first visit? Are these tests repeated during the third trimester of pregnancy for women suspected to be at higher risk? Is appropriate follow-up provided for pregnant women diagnosed as having sexually transmitted diseases?

6. Is your staff aware of the preventive measures to be taken for maternal and neonatal infections, including herpes simplex virus and cytomegalovirus?

7. Are genital herpes patients informed about the natural history of the infection and advised when to abstain from sexual contact?

8. Does your center attempt to improve public understanding of STD's and the confidentiality of treatment available at your center through mass media campaigns; presentations to schools and volunteer groups; and through individual counseling to high risk patients?

Program Evaluation

1. Are all patients diagnosed as having STD's receiving appropriate treatment and follow-up, including counseling?

2. What is the incidence of STD recurrence among center patients? Has it increased, decreased or remained the same?

3. If your center sponsors and/or participates in community-wide informational/educational programs on STD's:

   - Have the programs been well attended?
   - Were the participants in these programs those you planned to reach?
   - Did the programs increase the audiences' general level of knowledge about STD's?
   - Were the programs found acceptable and were they supported by local private practitioners?

RESOURCES

National

American Social Health Association
260 Sheridan Avenue
Palo Alto, CA 94306

Center for Prevention Services*
Centers for Disease Control
Freeway Parkway Building
Room 302
1600 Clifton Road, NE
Atlanta, GA 30333

VD National Hot Line
260 Sheridan Avenue
Palo Alto, CA 94306

Local

VD Programs in Local Health Departments

Free Clinics

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*Federal agency.

Women's Health Clinics

Local Hospitals

SECTION III

HEALTH PROTECTION

TOXIC AGENT CONTROL

INTRODUCTION

Toxic agents are substances which cause illness or death when eaten, drunk, inhaled or absorbed. These substances include natural and synthetic chemicals, dusts, and radiation exposures of various types which may adversely affect a person's reproductive system, nervous system or specific organs, such as the liver or kidney. There is virtually no major chronic disease to which environmental factors do not contribute, directly or indirectly.

Toxic agent exposure can result from:

- air/water emissions/effluents;
- hazardous waste disposal;
- transportation of hazardous materials;
- health hazards in the work place;
- products (food additives, pharmaceuticals, herbicides, pesticides, consumer and industrial chemicals); and
- radiation exposure from medical devices, consumer products, and the environment.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State Environmental Protection Agencies
- State/Local Health Departments
- Early and Periodic Screening, Diagnosis and Treatment (EPDST) Reporting System
- Medical/Health Records

- Local Industry and Utilities
- State/Local Health Planning Agencies

B. Data Elements:

- Number of children screened for lead toxicity, number found positive and number referred for treatment
- Number of local incidents of toxic agent contamination
- Location/number of local hazardous waste disposal areas
- Frequency of local pesticide/herbicide spraying and types of chemicals used
- Location(s) of severely polluted local streams and waterways

Program Linkages

1. Has your staff prepared an inventory of statewide/local toxic substance screening and diagnostic services?
2. Do you refer patients with suspected exposure to toxic substances to toxic substance screening and diagnostic programs?
3. Does your center work with the local lead hazard-abatement program?
4. Does your center refer incidents of toxic agent contamination that come to its attention to the appropriate national/state/local agencies for investigation, (e.g., Environmental Protection Agency)?

Health Promotion and Education

1. Does your center offer education and information regarding toxic agent control?
2. If your center offers education and information on toxic agent control, does it include:
   - information on what to do in case of poisoning, including where to get assistance (e.g., local Poison Control Center, Fire Department, etc.);

- instructions on how to properly use and store household chemicals so that homes are safe for children;

- information regarding potential sources of lead poisoning, including lead-based paint and motor vehicle fumes; and

- potentially hazardous areas in the community, particularly those areas which are used as child play areas?

3. Does your center provide routine parental education on household safety, including proper use and storage of household chemicals and the use of serum of ipecac in the event of accidental poisoning from these products?

Program Evaluation

1. Does your center pharmacy have a policy regarding the use of "child-proof" medication caps?

2. Is center staff aware of the hazards of exposure to x-rays and do they assure that all diagnostic x-ray examinations are necessary?

3. Are staff members educated regarding the dangers of excessive radiation exposure? Does your center monitor radiation levels to which staff are exposed and are staff properly shielded from excessive radiation?

4. Is your staff aware of the association between diseases and toxic agent exposure?

5. Does your center monitor and follow-up patients who have been exposed to toxic agents?

6. Have incidents of toxic agent contamination which have come to your center's attention been reported to the appropriate national/state/local agencies?

7. Do you follow up incidents of toxic agent contamination that you have referred to national/state/local agencies for investigation?

RESOURCES

National

Center for Environmental Health*
Centers for Disease Control
Chronic Diseases Division
Chandlee Building No. 18
1600 Clifton Road, NE
Atlanta, GA 30333

Environmental Protection Agency*
Office of Public Awareness
401 M Street, SW
Mail Code: A-107
Washington, DC 20460

National Institute of Environmental Health Sciences*
National Institutes of Health
Post Office Box 12233
Research Triangle Park, NC 27709

National Institute for Occupational Safety and Health*
Room 10-60
HHS North Building
330 Indepdence Avenue, SW
Washington, DC 20201

Local

Local Lung Association

Fire Department

Poison Control Center

State/Local Pharmacy Associations

Consumer Product Safety Commissions

Agriculture Extension Programs

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*Federal agency.

OCCUPATIONAL SAFETY AND HEALTH

INTRODUCTION

Occupational hazards, including exposure to toxic agents and work-related injuries, can pose a serious threat to health. Occupational exposures to toxic agents can cause acute or chronic lung disease, cancer, sensory loss, skin disorders and degenerative diseases in a number of vital organ systems. Exposures to some toxic agents can also increase the frequency of still births, spontaneous abortions, reduced fertility and sterility. Occupational injuries resulting from work accidents include electrical shocks, burns, crushes and falls. Workers in mining, agriculture (including forestry and fishing) and construction are more likely to die from work-related injuries than other private sector workers.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State Occupational Safety and Health Agencies
- State Workers' Compensation Agencies
- Local Industry and Labor Unions
- Health Planning Agencies

B. Data Elements:

- Inventory of local occupations involving major exposures to toxic agents, such as mineral and organic dusts, and chemicals; e.g., textile workers (cotton dust), coal miners (coal dust), farm workers (dust and pesticides) and chemical workers
- Number of workers exposed to toxic agents
- Incidence of work-related diseases; e.g., pneumoconiosis (brown lung, black lung and asbestosis)
- Inventory of local occupations with high rates of work-related accidents and injuries; e.g., mining, agriculture and construction

- Rates of work-related accidents and injuries

Program Linkages

1. Has your staff prepared an inventory of local management/labor and government occupational health and safety agencies?

2. Does your center work with local occupational health and safety agencies to assure that your services are known to persons at high risk for work-related diseases and injuries?

3. Does your center work with local labor and industry to assure that occupational illnesses and injuries are reported to appropriate agencies?

Health Promotion and Education

1. Does your center provide education and information on occupational health and safety hazards to community organizations?

2. Does your staff help patients identify the particular risks of their jobs, including accidents, injuries and exposures to toxic agents?

3. Does center staff inform patients of lifestyle behaviors or protective measures they can observe which may reduce the effects of occupational risks?

4. Does your center provide the following education and information to farmworkers who may be exposed to pesticides:

   - the length of time that must elapse following a pesticide spraying before it is safe to re-enter a field;
   - the importance of separating workclothes from the family's other laundry;
   - the dangers involved in using "leftover" pesticides for personal use; and
   - the importance of bathing after exposure?

Program Evaluation

1. Do you prepare occupational histories of working patients?

2. Do these occupational histories include previous work-related injuries and diseases, exposures to toxic agents, and stress?

3. Does your center monitor the incidence of work-related diseases and injuries among patients and within the service area?

4. Does your center report work-related diseases and injuries that come to its attention to the Workers Compensation Board?

RESOURCES

National

American Industrial Hygiene Association
475 Wolf Ledges Parkway
Akron, OH 44311-1087

American Industrial Health Council
1075 Central Park Avenue
Scarsdale, NY 10583

American Occupational Medical Association
Suite 400
2340 S. Arlington Heights Road
Arlington Heights, IL 60005

Clearinghouse for Occupational Safety and Health Information*
4676 Columbia Parkway
Cincinnati, OH 45226

National Institute for Occupational Safety and Health*
Room 10-60
DHHS North Building
33 Independence Avenue, SW
Washington, DC

National Safety Council
425 North Michigan Avenue
Chicago, IL 60611

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*Federal or Federally-sponsored agency.

Occupational Safety and Health Administration*
Office of Public and Consumer Affairs
U.S. Department of Labor (Room N3637)
200 Constitution Avenue, NW
Washington, DC 20210

Women's Occupational Health Resource Center
School of Public Health
Columbia University
60 Haven Avenue, B-1
New York, NY 10006

Local

Business Organizations

Labor Unions/Industries

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*Federal agency.

ACCIDENTAL INJURY CONTROL

INTRODUCTION

Accidental injuries are the leading cause of death for persons between one and 38 years of age and are a leading cause of disability. Accidental death rates are higher for minorities than for the overall population. The principal causes of accidental disability and death are those associated with motor vehicles, falls, drownings, burns, poisonings and gunshot wounds. Most of these deaths and injuries occur while driving, in the home, or at work and many are also associated with recreation and sports.

ASSESMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Motor Vehicle Departments
- State Burn Registries
- Police Departments
- Local Poison Control Centers
- State/Local Health Planning Agencies
- Medical/Health Records

B. Data Elements:

- Accidental death and injury rates by age, sex, ethnicity and type of accident

Program Linkages

1. Has your staff prepared an inventory of accident prevention/safety education programs offered by the state or local organizations of:

   - the National Safety Council;
   - the American Red Cross;

- the YMCA/YWCA; and
- the Consumer Product Safety Commission?

2. Do you participate in safety education programs sponsored by the above types of organizations?

Health Promotion and Education

1. Does your center provide an identified accident prevention/safety education program?

2. Does your accident prevention/safety education programs include information on:

   - fires;
   - natural disasters (tornadoes, hurricanes);
   - driver educational and traffic safety (including use of seat belts and crash tested child restraints);
   - home safety, (kitchen and bathroom hazards, electrical hazards, poisons, poisonous house plants, dangerous household products, glass and fall areas, and window guards);
   - water safety;
   - holiday precautions, (fireworks, and Christmas lights/candles);
   - crime prevention;
   - nursery safety, (toys, cribs, and supervision); and
   - firearms?

3. Does your center invite or arrange for speakers to address interested groups (e.g., schools, parents, senior citizen centers) on topics such as:

   - home safety: (using resources such as home economics teachers, trade and industrial arts teachers, electricians); and
   - fire safety: (using resources such as fire department staff)?

4. Does your center provide special training to staff, patients and community groups on first aid, cardiopulmonary resuscitation (CPR), and the Heimlich maneuver?

5. Does your center provide patients with accident prevention education and informational materials, including instructions on what to do in case of poisoning and telephone numbers of poison control centers?

6. Are patients instructed on what to do in case of an emergency or accident?

Program Evaluation

1. Does your center monitor the incidence and type of accidents and use this information to review, revise, and refine the goals and objectives of its accident prevention, education and information activities?

2. Can your center respond to patient emergencies on a 24-hour basis?

RESOURCES

National

Administrator
Health and Safety Education Division
Area 16 UV
Metropolitan Life Insurance Company
One Madison Avenue
New York, NY 10010

Division of Poison Control*
Food and Drug Administration
5600 Fishers Lane
Room 13-38
Rockville, MD 20857

National Fire Protection Association
Suite 22, Capital Gallery
600 Maryland Avenue, SW
Washington, DC 20024

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*Federal agency.

National Highway Traffic Safety Administration*
U.S. Department of Transportation
400 7th Street, NW
Room 6240-NRD41
Washington, DC 20590

National Injury Information Clearinghouse*
5401 Westbard Avenue, Room 625
Washington, DC 20207

National Institute on Aging*
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20205

National Safety Council
425 North Michigan Avenue
Chicago, IL 60611

Physicians for Automotive Safety
14 Ryridge Plaza
Port Chester, NY 10573

Local

Driver Education Program

Police Department/Traffic Division

Department of Transportation

American Automotive Association (AAA)

Local Fire Department

Posion Control Centers

Red Cross Chapter

YMCA/YWCA

Gas Companies

Power and Light Companies

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*Federal or Federally-sponsored agency.

DENTAL HEALTH

INTRODUCTION

The two most prevalent oral diseases are dental caries (tooth decay), which affect 98 percent of the U.S. population, and periodental diseases (diseases of the gums and other tissues supporting the teeth). Dental caries and periodental disease can result in tooth loss, if untreated or if treatment is delayed. Both of these diseases can be prevented in most persons. Optional fluoridation of community water supplies and topical fluoridation augmented with adhesive sealant are the most effective measures of reducing the incidence of dental caries.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Dental Societies
- State/Local Health Planning Agencies
- Medical/Health Records
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Reporting System

B. Data Elements:

- Incidence of dental caries and periodental disease
- Concentration of fluoride in the drinking water
- Oral health index of adults and children screened and referred by EPSDT

Program Linkages

1. Has your staff prepared an inventory of local dental health education programs?

2. Does your center participate in dental health education efforts?

Health Promotion and Education

1. Do staff members teach patients how to brush and floss their teeth?

2. Are patients given educational materials about the care of their teeth which they also share with other members of the family?

3. Are patients counseled on:

   - proper nutrition for healthy teeth;
   - the importance of proper cleaning of teeth and mouth; and
   - the importance of fluorides and fissure sealant?

4. Are patients given routine dental check-ups or encouraged to receive them?

5. Does your health facility offer food in its snack bar or vending machines that is non-cariogenic (e.g., foods containing little or no refined sugar)?

6. Do staff members urge the school system to offer non-cariogenic food in school cafeterias and food facilities?

7. If fluoride concentrations in the drinking water are low, does your center encourage the development of, and/or participate in, a supervised self-applied flouride program and/or support community water fuoridation efforts?

Program Evaluation

1. If your center offers dental services, does it accept patients referred through EPSDT?

2. Are patients who participate in the supervised self-applied fluoride program monitored to assure that they are following the treatment regimens?

3. Does your center provide or allow for the provison of preventive dental care including:

   - oral examinations;
   - oral prophylaxis, topical fluoride applications and pit and fissure sealants;
   - placque control therapy; and

- oral hygiene instruction?

RESOURCES

National

American Dental Association
Bureau of Health Education and Audiovisual Services
211 East Chicago Avenue
Chicago, IL 60611

Dental Disease Prevention Activity*
Center for Prevention Services
Centers for Disease Control
Buckhead Building, Room 110
1600 Clifton Road, NE
Altanta, GA 30333

National Caries Program*
National Institute of Dental Research
Building 31 2C-34
Bethesda, MD 20205

Local

State/Local Dental Associations

State/Local Health Departments

State/Local Dental Hygienist Associations

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*Federal agency.

SURVEILLANCE AND CONTROL OF INFECTIOUS DISEASES

INTRODUCTION

In 1975, approximately 291 million illnesses from infectious disease occurred in the United States. Most of the deaths and illnesses related to infectious diseases are due to the viral, bacterial and other microbial agents of influenza, pneumonia, the common cold, urinary tract infections, gastroenteritis, hepatitis, childhood infectious disease, sexually transmitted diseases, tuberculosis, and hospital-acquired infections. Acute respiratory illness is the most common infectious disease in the United States and acute gastroenteritis is the most common infectious illness.

There has been substantial success in minimizing infectious diseases as threats to life. However, as new diseases appear and familiar diseases periodically change, existing protective measures become ineffective. Legionnaire's Disease is an example of a newly identified infection. The emergence of strains of gonococcal bacteria resistant to penicillin, and the periodic shifts in strains and virulence of influenza viruses, are examples of changes in familiar diseases. These changes require close monitoring and surveillance of infectious disease incidence.

Surveillance--a basic tactic for disease control--requires four activities.

- finding cases of disease or significant exposures;
- reporting cases to a responsible health authority, generally a public health official;
- analyzing and interpreting the reported information to determine its implications; and
- responding appropriately to the interpreted information with measures to control the source of the problem.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies

- Commercial Insurers (e.g., Blue Cross/Blue Shield)
- Medical/Health Records

B. Data Elements:

- Proportion of population at high risk (e.g., recent immigrants, persons below poverty level and/or living in substandard housing)
- Incidence of infectious diseases (e.g., tuberculosis, influenza, pneumonia, etc.)
- Number of households with unsafe water supplies
- Housing units with inadequate sewage and garbage disposal, and insect infestation

Program Linkages

1. Has your staff prepared an inventory of local agencies working in the surveillance and control of infectious diseases?
2. Does your center work with the local health department to assure that all reportable communicable diseases and all infectious health hazards known to your staff are reported to the appropriate public health agencies?

Health Promotion and Education

1. Does your center provide information and education for concerned community groups, including a review of the basic principles of sanitation and personal hygiene?
2. Does your center promote the reduction of outbreaks of infectious diseases through:
   - early identification of clusters of infectious cases;
   - informative media campaigns; and
   - relationships with institutions that affect community water/sewerage systems?
3. Does your staff counsel high risk patients on appropriate vaccinations (e.g., influenza and pneumonia vaccines)?

4. Does your center provide materials and instructions on preventing the spread of infectious diseases within the household (e.g., hepatitis, impetigo)?

5. Does your center provide information regarding proper food preparation and storage?

Program Evaluation

1. Does your center monitor local outbreaks of infectious diseases and use this information to review, revise and refine the objectives of its infectious diseases information and education services?

2. Has your center conducted an environmental health survey to identify factors that may contribute to the incidence of infectious diseases (e.g., monitor of household with inadequate water supplies, safe sewage disposal, etc.)?

RESOURCES

National

Centers for Disease Control*
Public Inquiries
Management Analysis and Service Office
Building 4, Room B2
Atlanta, GA 30333

National Institute of Allergy and Infectious Diseases*
Office of Research Reporting and Public Response
Room 7A-32, Building 31
National Institutes of Health
Bethesda, MD 20205

Local

State/Local Health Department

Water/Sewage Systems Companies

Local Media, Schools, Community Organizations

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*Federal agency.

SECTION IV

HEALTH PROMOTION

SMOKING

INTRODUCTION

Cigarette smoking is the single most important preventable causal factor for death and disease. It is responsible for approximately 320,000 deaths annually in the U.S. and is a causal factor for coronary heart disease; cancer of the lung, larynx, oral cavity, esophagus, pancreas and bladder; and chronic bronchitis and emphysema. Cigarette smoking during pregnancy is associated with reduced fetal growth, an increased risk for spontaneous abortion and prenatal death as well as slight impairment of growth and development during early childhood. Involuntary or passive inhalation of cigarette smoke can also precipitate or exacerbate symptoms of existing disease states such as asthma, cardiovascular diseases and respiratory diseases.

Although the proportion of the population who smoke has declined for the country as a whole, the declines have not been as great among adolescents. The percentage of 17 and 18 year old women who smoke has increased.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Planning Agencies
- State/Local American Lung Associations
- Local Chapter of the American Cancer Society
- Medical/Health Records

B. Data Elements:

- Proportion of population at high risk; (pregnant women, children and adolescents who initiate smoking at a young age and workers exposed to occupational hazards that are exacerbated by smoking)

- Rates for diseases for which smoking is a causal factor
- Incidence and prevalence of cigarette smoking among population groups

Program Linkages

1. Has your staff prepared an inventory of local public education programs in areas such as: smoking cessation; respiratory disease; nonsmokers rights and occupational lung hazards?

2. Does your center participate directly or by referral in these local public education programs?

Health Promotion and Education

1. Does your center work with local lung association(s) to create an awareness of the risks associated with cigarette smoking and to encourage cessation through the creation of:
   - smoking cessation programs; and
   - public health antismoking campaigns?

2. Does your center offer assistance to schools in preparing a smoking education program?

3. Is smoking banned in all areas of the center's facility?

4. Are tobacco product sales banned in the health center?

5. Is a lifetime smoking history recorded in each patient's medical record and are smokers routinely counseled on the negative consequences of smoking?

6. Are pregnant women counseled on the harmful effects of smoking as part of prenatal education?

7. Are birth control pill users counseled on the hazards of smoking as part of family planning education?

8. Does your center have an incentive system to encourage staff to stop smoking? Are smoking cessation groups and individual counseling available to staff members?

9. Are patients who smoke cautioned that changing to cigarettes with lower yields of tar and nicotine may increase smoking hazards if accompanied by smoking more cigarettes or inhaling more deeply?

10. Are patierts who smoke cautioned that even the lowest yield cigarettes present health hazards greater than those encountered by nonsmokers and that the most effective way to reduce the hazards of smoking is not to start or to quit?

Program Evaluation

1. Are patients who smoke monitored to determine if they have stopped smoking?

2. If your center offers a smoking cessation program, do you monitor the participant drop-out rate?

3. Are the following components included in your center's smoking cessation program:

   - use of behavior modification techniques;
   - a maintenance component;
   - use of ex-smokers as instructors;
   - nutrition counseling; and
   - an evaluation component?

RESOURCES

National

American Cancer Society
Public Information Department
777 Third Avenue
New York, NY 10017

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

American Lung Association
1740 Broadway
New York, NY 10019

Office of Cancer Communications*
National Cancer Institute
Room 10A-10, Building 31
National Institutes of Health
Bethesda, MD 20205

Office of Smoking and Health - Technical Information*
Center
Room 1-16, Parklawn Building
5600 Fishers Lane
Rockville, MD 20257

Local

Cancer Society

Lung Association

Heart Association

Commercial and Nonprofit Smoking Cessation Groups

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*Federal agency.

MISUSE OF ALCOHOL AND DRUGS

INTRODUCTION

Alcohol and drug abuse can have serious adverse consequences on the physical and pyschosocial well being of the abuser, the abuser's family members and others. It can also increase the risk of injury and death due to accidents, fires or violence. In 1975, an estimated 36,000 deaths from cirrhosis, alcoholism, or alcoholic psychosis could be directly attributed to alcohol use while an additional 31,000 fatalities could be indirectly attributed to alchohol use. With respect to drug abuse, an estimated 2.5 million persons have a serious abuse problem due to the inappropriate use of drugs for non-medical or self-defined purposes.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- Local Alcohol and Drug Abuse Treatment Centers
- Medical/Health Records

B. Data Elements:

- Proportion of high risk groups within the target population (children of alcoholic parents, adolescents, young adults, pregnant women and the elderly) by age, sex, and ethnicity
- Incidence of accidents and disorders attributable to alcohol use and abuse (e.g., motor vehicle accidents, cirrhosis, alcoholism, alcoholic psychosis, fetal alcohol syndrome and violent assaults)

Program Linkages

1. Has your staff prepared an inventory of local alcohol and drug abuse agencies (e.g., Al-Anon, Alcoholics Anonymous (AA), community mental health centers and alcohol and drug abuse treatment agencies)?

2. Does your center work with these agencies to increase the awareness of alcohol and drug misuse in your community area, including prevention of alcohol-related accidents?

3. Does your center provide information and referral to community organizations which help persons with alcohol and drug dependencies?

Health Promotion and Education

1. Are center patients routinely instructed on the proper use and potential side effects of their medication, the consequences of multiple medications, and the dangers of mixing alcohol and drugs?

2. Does your center offer educational materials on alcohol and drug abuse, and the proper use of prescription and over-the-counter drugs, including drug interactions?

3. Are center staff able to provide educational sessions on drugs and alcohol for community groups such as schools, youth groups, churches, senior citizen organizations, and social clubs?

4. Are pregnant women counseled on the dangers of using alcohol and drugs during pregnancy?

5. Does your center sponsor or participate in educational campaigns targeted for children and youth on the risks of alcohol, marijuana, cocaine and other mood-altering substances?

6. Do your center's in-service training courses include education and information on drugs and alcohol?

Program Evaluation

1. Is a drug and alcohol history regularly taken and recorded in the medical record?

2. Are drug profiles and medication lists, including reference to alcohol use, available on all patients?

3. Does your center monitor the extent to which patients follow their medication regimens?

4. Do you attempt to control the excessive use and prescription of drugs which have an abuse potential (e.g., analgesics, barbiturates, tranquilizers, and sedatives)?

RESOURCES

National

National Institute on Alcohol Abuse and Alcoholism*
National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852

National Institute on Drug Abuse*
National Clearinghouse for Drug Abuse Information
Room 10A-53, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Pyramid West (Drug Abuse)
3746 Diablo Boulevard
Suite 200
Lafayette, CA 94549

Pyramid East (Drug Abuse)
7101 Wisconsin Avenue
Suite 1006
Bethesda, MD 20814

Local

Alcoholics Anonymous

Community Mental Health Centers

Drug Programs

Alcohol Programs

Mothers Against Drunk Drivers (MADD)

Students Against Drunk Drivers (SADD)

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*Federal agency.

NUTRITION

INTRODUCTION

Nutrition is a critical factor in the promotion of health, prevention of disease and in the recovery and rehabilitation from illness and injury. Good nutrition is essential for satisfactory rates of growth and development and reproduction and lactation. Inadequate nutrition may be one factor associated with poor pregnancy outcomes, including low birth weight in infants and suboptimum mental and physical development. Excessive or inappropriate intake of nutrients can result in adverse conditions, such as obesity, or can increase the risk of diseases such as cardiovascular disease, hypertension, diabetes and some cancers.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Planning Agencies
- Medical/Health Records.

B. Data Elements:

- Number and percent of individuals at nutritional risk (e.g., pregnant women, low birth weight infants, children, adolescents, low income families and the elderly)
- Incidence and prevalence of nutrition related diseases (e.g., high blood pressure, diabetes, cardiovascular disease)
- Prevalence of overweight and underweight school age children
- Prevalence of malnourished elderly

Program Linkage

1. Has an inventory of statewide/local food and nutrition resources been prepared? Are the identified resources available and accessible to center patients?

2. Does your center offer Supplemental Food Program for Women, Infants and Children (WIC) services on-site or have a referral agreement with the WIC agency?

3. Does your center sponsor weight control and/or diet modification classes for the community and/or offer the appropriate referrals and follow-up to other agencies?

Health Promotion and Education

1. Are there nutrition educational materials available in the waiting room?

2. Is nutrition counseling/education provided for the following conditions:

   - pregnancy;
   - cardiovascular disease (including hypertension);
   - obesity;
   - dental disease;
   - retarded growth and development;
   - anemia; and
   - diabetes?

3. Does your center provide nutrition education and information for patients, families, day care centers, schools, self-help groups, etc.?

4. Does your center provide information and referral to food programs, such as food stamps, community meals for the elderly, and school feeding programs?

5. Is nutrition education an integral part of your center's family planning, prenatal care, pediatrics, and internal medicine services?

6. If a therapeutical diet is prescribed for a patient, are family members counseled to assure that:

   - the patient will receive encouragement about adhering to the diet; and
   - those who select and prepare food are informed of the patient's dietary needs?

7. Does your center provide teenagers with preventive education or supportive counseling regarding:

   - nutrient needs;

- obesity;
- underweight;
- food fads and fad diets; and
- snacking?

Program Evaluation

1. Does your center have a screening program for identifying individuals at high risk for nutritional problems; e.g., pregnant women, infants and the elderly?

2. Is the nutritional status of patients assessed as part of your center's nutrition counseling program? If so, does it include:

   - evaluation of dietary practices as related to cultural and socioeconomic factors and food supply;
   - biochemical measurements of nutrients in body fluids and tissues;
   - clinical examination, including assessment of growth; and
   - review and assessment of family eating habits?

3. If the family nutrition assessment reveals poor eating habits, are families given nutritional counseling and/or referred to community nutrition programs?

4. Are referrals to community nutrition programs followed up?

5. Does your center's planning and implementation of nutritional care for individuals with nutrition and diet problems include:

   - individual and group counseling to meet normal and therapeutic dietary needs;
   - an effective nutrition education program which is responsive to consumer beliefs, attitudes, environmental influences and understandings about food; and
   - provision of, or referral to, community food assistance resources -- home-delivered meals, community meals for the elderly, supplemental food programs for high-risk groups, such as pregnant women and infants, food stamps, and child nutrition services, such as school lunch and breakfast programs and child day care feeding?

6. Does your center engage in activities which promote sound nutritional practices in the community?

RESOURCES

National

American Dietetic Association
430 N. Michigan Avenue
Chicago, IL 60611

American Medical Association
Section on Nutrition Information
535 North Dearborn Street
Chicago, IL 60610

American Home Economic Association
2010 Massachusetts Avenue, NW
Washington, DC 20036

Food and Drug Administration*
Office of Consumer Affairs
Public Inquiries
5600 Fishers Lane
Rockville, MD 20857

Information Division*
Food and Nutrition Service
United States Department of Agriculture
Washington, DC 20705

Food and Nutrition Information Center*
National Agricultural Library Building
Room 304
Beltsville, MD 20705

Good Housekeeping
Bulleting Service
959 Eighth Avenue
New York, NY 10010

National Center for Education in Maternal and Child Health*
3520 Prospect Street, NW
Washington, DC 20007

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*Federal or Federally-sponsored agency.

National Digestive Disease Education and Information*
Clearinghouse
1555 Wilson Boulevard
Suite 600
Rosslyn, VA 22209

Nutrition Foundation, Inc.
Suite 300
888 17th Street, NW
Washington, DC 20006

Local

State and Local Cooperative Extension Services

Public Health Nutritionist in State and Local Health Departments

Nutritionists in Voluntary Agencies such as Visiting Nurse Association, Heart Association, Diabetes Association, and Diet Counseling Services

Weight Control Groups

Nutritionists and Dietitians in Community Hospitals

Consumer Relations Departments of major grocery store chains

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*Federally-sponsored agency.

PHYSICAL FITNESS AND EXERCISE

INTRODUCTION

Regular physical fitness and exercise provide a sense of well being, reduce the frequency of musculoskeletal problems and aid cardiovascular conditioning. Exercise is also a valuable tool in therapeutic regimens for control and rehabilitation of obesity, coronary heart disease, hypertension, diabetes, and stress and depression anxiety. Lack of physical fitness and exercise can result in diminished physical working capacity and is associated with increased risk of coronary heart disease and obesity.

Most Americans do not exercise either during their work or recreation. Certain groups demonstrate disproportionately low rates of exercise, including adolescent and adult women, the elderly, physically and mentally handicapped people of all ages, inner city and rural residents, people of low socioeconomic status and residents of institutions, such as long term psychiatric care facilities. Also, only about a third of children and adolescents ages 10 to 17, are estimated to participate in daily school physical education programs, and this proportion is declining.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- Councils on Physical Fitness
- School Systems
- Employer Health Programs
- YMCA/YWCA
- Fitness Directors of Local Businesses/Industries

B. Data Elements:

- Number of persons enrolled in physical fitness programs
- Incidence of diseases associated with poor physical fitness (e.g., hypertension, coronary heart disease, obesity)

Program Linkages

1. Has your staff developed an inventory of community physical fitness programs?

2. Does your center participate in and promote activities that call attention to the importance of physical fitness (e.g., health fairs, walkathons, and marathons)?

3. Does your center conduct or participate in school and civic organization programs that emphasize the benefits of physical fitness programs?

Health Promotion and Education

1. Are there posters and educational materials in your center which encourage physical fitness, including exercise for pregnant women and infants?

2. Do staff members counsel clients suffering from heart and circulatory diseases, physical disabilities, obesity, and other conditions on the importance of, and need for, proper forms of exercise?

3. Do staff members refer patients to exercise, weight control, and stress management courses if they are unavailable on-site?

4. Are staff members who are more than ten percent overweight encouraged to participate in weight control and exercise programs?

Program Evaluation

1. Do staff members routinely take an exercise history on and stress the importance of exercise to patients?

2. Does your center conduct activities designed to improve physical fitness, such as exercise classes?

3. Does your center offer medical evaluations and care to school and athletic organizations?

4. Are fitness programs offered by the center linked to other health promotion and education activities such as smoking cessation groups and nutrition improvement activities?

RESOURCES

National

American Alliance for Health, Physical Education,
Recreation and Dance
Promotions Unit
1201 16th Street, NW
Washington, DC 20036

American Association of Fitness Directors in
Business and Industry
Medical Division
Prudential Insurance Corporation
Prudential Plaza
753 Broad Street
Newark, NJ 07102

American College of Sports Medicine
1440 Monroe Street
Madison, WI 53706

National Institute on Aging*
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20205

The President's Council on Physical Fitness and Sports*
400 6th Street, NW
Washington, DC 20201

Local

Recreation Department

School Board

YMCA/YWCA

Local Athletic Associations

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*Federal agency.

STRESS, VIOLENCE AND MENTAL HEALTH

INTRODUCTION

Stress refers to pressures and tensions which, if not controlled or managed, can lead to mental health and physiological problems. The symptoms of these problems include fatigue, headache, obesity, absenteeism, illness, such as peptic ulcers and coronary heart disease, and accident proneness and violence. Groups in the population which appear to be particularly vulnerable to stress include adolescents, the elderly, the unemployed, and persons who experience major disruptions in their lives, such as the death of a spouse, infant or child, or a job change. Unmanaged stress may play a major role in suicides, homicides and family violence, including spouse and child abuse.

ASSESSMENT CHECKLIST

Needs Assessment

A. Data Sources:

- State/Local Health Departments (Vital Statistics Unit)
- State/Local Health Welfare Agencies
- Community Mental Health Centers
- State/Local Health Planning Agencies
- Police Department

B. Data Elements:

- Incidence of stress-related violence (e.g., suicides, homicides, child abuse, spouse abuse, rape)
- Incidence of stress-related diseases (e.g., peptic ulcers, hypertension, coronary heart disease)

Program Linkages

1. Has your staff prepared an inventory of local stress management and mental health agencies?

2. If there is a community mental health center in your service area, do you coordinate activities and services?

3. Are there well-publicized mutual aid and self-help groups, such as Parents Anonymous and women's support groups, in your community? Do center staff encourage their development and/or use them as a resource for referral?

4. Are there crisis intervention centers, suicide hotlines, and rape crisis centers in your community? Does your staff serve as a professional resource to these services?

5. Are there health-enhancing resources for stress management in your community, such as exercise programs, yoga classes, biofeedback and hypnosis, and supportive network opportunities? Does your staff encourage participation as a complement to medical intervention?

Health Promotion and Education

1. Do your staff members inform patients about the harmful effects of chronic high levels of stress?

2. Does your center inform patients about the benefits of early intervention mental health services to alleviate emotional distress?

3. Does your staff provide information on the danger of guns in the household?

Program Evaluation

1. Is there in-service training for center staff on mental health issues?

2. Are staff members aware of specific psychological needs of individuals undergoing stressful life events such as death of family members, widowhood, divorce, job loss, and of the psychological consequences of violent experiences, such as rape, child abuse, and domestic violence?

3. Is your staff aware of the psychological needs of people of different age groups (e.g., the elderly, children, teenagers)?

4. Are staff members aware of physical symptoms which may accompany and signify stress-related mental and physicial illnesses?

5. Are staff members trained to look for signs of child abuse, neglect and domestic violence? Does your center have appropriate referral agreements with child protection and law enforcement agencies, and with services for battered women?

RESOURCES

National

Alcohol, Drug Abuse and Mental
Health Administration (ADAMHA)*
Publications Clearinghouse
Parklawn Building
Room 12C-15
5600 Fishers Lane
Rockville, MD 20857

Candlelighters Foundation (Childhood Cancer)
Suite 1011
2025 I Street, NW
Washington, DC 20006

Clearinghouse on Child Abuse and Neglect
Information*
P.O. Box 1182
Washington, DC 20013

Compassionate Friends (Terminal Illnesses)
P.O. Box 1347
Oakbrook, IL 60521

National Center for Prevention and Control of Rape*
Room 6C-12
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

National Clearinghouse for Mental Health Information*
Room 15C-17
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Sudden Infant Death Syndrome (SIDS) Clearinghouse*
Suite 600
1555 Wilson Blvd.
Rosslyn, VA 22209

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*Federal or Federally-sponsored agency.

Local

Police Department

YMCA/YWCA

Community Mental Health Center

Rape Crisis Center

Women's Programs

Abused Persons Programs

Alcohol and Drug Centers

SECTION V

REFERENCES

This section presents an annotated listing of health promotion and prevention resource materials available from either the Bureau of Health Care Delivery and Assistance (BHCDA)* or the Government Printing Office, (GPO).

The materials are grouped by the following categories:

- health education;
- preventive health services;
- health protection; and
- health promotion.

Single copies of most of the publications are available without charge; prices are shown, where applicable. Except where noted, copies of the publications may be obtained by contacting:

Bureau of Health Care Delivery and Assistance
Room 7A-55
5600 Fishers Lane
Rockville, Maryland 20857

HEALTH EDUCATION

A Guide to Health Education in Ambulatory Care Settings, 136 pp, (HSA) 79-5501, 1978. Guide to health education program development that identifies and discusses several important opportunities for consumer health education within an ambulatory care setting. Recruitment of the consumer into the center, proper utilization of the center's resources, prevention of illness, and treatment of illness are highlighted in this guide. BHCDA.

Designing Your Family Planning Education Program, 90 pp, (HSA) 81-5668, 1980. Guide to designing a new educational service or improving the qualty of an existing one. Basic planning and evaluation steps are illustrated using family planning as an example. BHCDA.**

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*Effective September 1, 1982, the Bureau of Community Health Services (BCHS) became part of the Bureau of Health Care Delivery and Assistance.

**Copies may be obtained by contacting the National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, MD 20852.

Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, 1979. This report sets out a national program for improving the health of the American people. GPO: 017-001-00416-2, $5.00

Promoting Health and Preventing Disease: Objectives for the Nation, 102 pp, 1980. Outlines specific measurable objectives in fifteen priority areas that are key to achieving national health goals. GPO: 017-001-00435-9, $5.50

Source Book for Health Education Materials and Community Resources, 92 pp, 1982. Guide on health education materials for health risk reduction programs, including information on coordinating with local risk education services. CHPE, CDC.

PREVENTIVE HEALTH SERVICES

A Guide to Quality Assurance and Primary Care Effectiveness in BHCDA Projects, 126 pp, 1983. Describes quality assurance activities for health care providers. Includes material on immunizations, ambulatory care standards for preventive health care and internal quality assurance procedures. BHCDA.

Compendium of Resource Materials on Adolescent Health, 209 pp, (HSA) 81-5246, 1980. Materials used at a series of conferences suggesting approaches, perspectives, and strategies that are useful in providing services to adolescents. BHCDA.

A Developmental Approach to Case Finding Among Infants and Children, 108 pp, (HSA) 79-5210, 1979. Guide for nurses and other primary health care providers in recognizing the signs of dysfunction, disease, or anomalies in infants and children. BHCDA. GPO: 017-029-00027-4, $7.50.

Family Planning Services for Disabled People, 185 pp, 1980. Guidance for training staff to work with disabled clients and making facilities more accessible. GPO: 017-026-00090-9, $5.50.

Guidance for High Blood Pressure Control in Primary Care Settings, 28 pp, 1980. A manual to assist BCHDA primary care projects in high blood pressure control activities. To be used with the "Report of the Joint National Commitee on Detection, Evaluation and Treatment of High Blood Pressure." BHCDA.

Identification and Management of Selected Development Disabilities: A Guide for Nurses, 35 pp, (HSA) 78-5280, 1978. Provides information on prevention, identification, assessment, and nursing management of handicapping conditions in infancy and early childhood. BHCDA.

Mental Health Issues in Grief Counseling, 133 pp, (HSA) 81-5264, 1977. SIDS conference proceedings which address such topics as grief and mourning, the effects of counseling on the counselor, the impact of SIDS on families, interviewing the SIDS family, parent-infant attachment and SIDS, the role of the SIDS counselor, the role of the mental health consultant, and counselor burnout. Intended as a resource for health professionals who work with SIDS families or others who have lost a friend or relative suddenly and unexpectedly.*

A Readers Guide for Parents of Children with Mental, Physical or Emotional Disabilities, 144 pp, (HSA) 78-5224, 1976. Provides an annotated reading list of books and pamphlets containing information for parents, families and nonprofessional workers about disabilities of children and how to cope with them. Also useful to health professionals directly involved with parents of a disabled child. BHCDA. GPO: 017-026-00058-5, $6.50.

Sexually Transmitted Diseases Treatment Guidelines, 1982. Supplement to the Centers for Disease Control (CDC) Morbidity and Mortality Weekly Report which outlines guidelines for treatment of sexually transmitted diseases. CDC.

Sudden Infant Death Syndrome Research and Grief Counseling: A Selected Bibliography, (HSA) 81-5268, 1981. Annotated bibliography which includes literature on all areas of SIDS research, such as theories of causation, epidemiology and the identification of risk factors. Also includes materials on the impact of SIDS and other types of early childhood deaths on families, approaches to counseling and the resolution of grief and guilt.*

Talking to Children About Death, (ADM) 80-838, 1979. One of a series of pamphlets to help parents care for their children in ways that foster good mental health. This pamphlet discusses how adults can begin to communicate with children about death.*

HEALTH PROTECTION

A Guide to the Development of a Pesticide Health Hazard Management Program, 88 pp, 1982. A guidebook, written for Executive Directors and Medical Directors of ambulatory health centers, especially migrant health centers, which provides available sources of information on pesticides and describes the process for developing a pesticide health hazard management program. BHCDA.

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*Available from Sudden Infant Death Syndrome Clearinghouse, 1555 Wilson Blvd., Suite 600, Rosslyn, VA 22209.

Lead Poisoning in Children, 25 pp, (HSA) 78-5142, 1978. Discusses problems of lead paint poisoning and emphasizes essential steps in preventing death or handicapping conditions. BHCDA. GPO: 017-030-00032-9, $3.75.

Management Guide for Children's Dental Health Services in BCHS Programs, 78 pp, (HSA) 79-5242, 1972. Suggests minimum requirements for high quality dental programs for children. BHCDA.

HEALTH PROMOTION

Breast Feeding, 22 pp, (HSA) 80-5109, 1980 (Revised). This booklet provides information on how to prepare for breast feeding, how to nurse a new baby with ease, and how to continue nursing if you work outside the home. BHCDA. GPO: 017-026-00084-4, $3.25.

Child Abuse/Neglect: A Guide for Detection, Prevention and Treatment in BCHS Programs and Projects, 26 pp, (OM) 2005-70, 1979. For use in assisting BHCDA-supported programs and projects in developing more effective systems for detection, prevention, and treatment of child abuse and neglect. BHCDA. GPO: 017-026-00064-0, $3.75.

Food for the Teenager During Pregnancy, 12 pp, (HSA) 78-5106, 1978. Provides information for young, pregnant girls about good nutrition practices that can help them give birth to healthy infants. GPO: 017-026-00099-2, $2.00.

Federal and Non-Federal Resources for Nutritional Information Services: A Selected List, 81 pp, 1979. Directed to primary health care centers to assist them in strengthening coordination and linkages with available community food and nutrition resources. BHCDA.

Guide for Developing Nutrition Services in Community Health Programs, 100 pp, (HSA) 78-5103, 1978. Provides technical guidance material on how to plan, develop, and evaluate nutrition services as an integral component of community health programs. BHCDA.

Promoting Comprehensive Integrated Health Care with Emphasis on Nutrition Care and Social Work Services, 18 pp, 1981. Proceedings from the 1981 National Workshop on Nutrition and Social Work in Primary Care Services. Contains summaries of the issues and barriers in providing nutrition and social work services and the actions recommended to improve services in primary health care programs. BHCDA.

U.S. GOVERNMENT PRINTING OFFICE : 1983 O - 417-093